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HEALTH IN STRANDFONTEIN SHELTER

Report on health conditions in the Strandfontein COVID-19 Temporary Shelter for the Homeless: findings of an independent investigation for the South African Human Rights Commission, conducted on Saturday 11 April 2020.

The report highlights a number of violations of international humanitarian standards with significant risks for the health and safety of residents of the shelter. Residents of the Strandfontein Shelter are at increased risk of negative health outcomes, including acquisition and transmission of COVID-19, TB and other communicable diseases.

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CHAPTER 1 EXECUTIVE SUMMARY

1. This report describes the findings of an independent expert investigation on health conditions at the Strandfontein Shelter for the Homeless requested by the South African Human Rights Commission.

2. The findings in the report are based on direct observations and interviews with residents, staff, and volunteers at the Strandfontein Temporary Shelter for the Homeless.

3. The report highlights significant shortcomings with regards to infection prevention and control, health promotion, access to health care, monitoring of the health of residents, screening for COVID-19 and tuberculosis, interruption of chronic medication, inadequate treatment of opiate and other drug withdrawal, and care for vulnerable populations, including those at higher risk of severe disease and death from COVID-19.

4. The report also highlights numerous examples of failures to respect international protection principles and humanitarian standards[1].

    4.1. Most importantly, the shelter fails to respect the first protection principle:

    To enhance the safety, dignity and rights of people and avoid exposing them to further harm.

The congregation of up to 500 individuals in one tent exposes residents to increased risk of infection with COVID-19. In addition, inadequate infection prevention and control measures, the apparent lack of health promotion, and condoms expose the residents to increased risks of airborne, orofecally and sexually transmitted infections, such as TB, diarrheal diseases and HIV.

Women, men, transgender women, elderly men and women, pregnant women, people with disabilities, people with severe mental health disorders, drug users with acute withdrawal symptoms, and gang members are all grouped together, with an increased risk of violence and very limited security in place, thereby endangering their safety as well as their dignity.

Rather than being a place of safety, the shelter exposes vulnerable people to further harm.

    4.2. Residents did not have *access to impartial assistance according to need and without discrimination* (2nd protection principle).

    4.3. There were several violations of the Hygiene promotion, Excreta management, and Shelter and settlement standards[1].

5. Given the inadequate infection prevention and control measures, apparent absence of health promotion, and an imperfect screening process, there is a risk of individuals with COVID-19 entering the shelter. Were this to happen, there is a high risk of transmission to most residents of the shelter, of who many are at increased risk of complications of COVID-19 and death.

In conclusion, the Strandfontein shelter hosts large numbers of people in tents, many with increased vulnerability to infections, and provides insufficient infection prevention and control, apparent absence of health promotion, and limited access to health care, including mental health care and specific care for frail people and drug users. There is a high likelihood that people are at higher risk of infection with COVID-19 in the shelter than if they were in the streets.

CHAPTER 2 BACKGROUND & INTRODUCTION

1. The findings in this report are based on direct observations and interviews with residents, staff, and volunteers at the Strandfontein Temporary Shelter for the Homeless (hereinafter referred to as the "**Shelter**") during a visit to investigate health conditions at the Shelter, on 11 April 2020.

2. The visit was conducted at the request of the South African Human Rights Commission following allegations of human rights violations and unacceptable health conditions at the shelter.

3. Interviews were conducted with the camp manager, Mr. Vivian Henry, medical students from Students' Health and Welfare Centers Organization (SHAWCO) assisting with health care provision, staff from the Service Providers Non Profit Organisations The Haven, Ubuntu Circle of Courage, and Oasis, Security Staff, and multiple residents in each of the tents.

4. Camp management provided access to all staff and residents, as well as facilities on-site, with the exception of City of Cape Town Health staff.

5. The local manager of City Health, Ms. Rita Freeks reported that she was instructed not to provide any information and referred us to the Health Area Manager, Ms. Suraya Ellaker (spelling unsure). Several attempts to contact Ms. Ellaker by phone calls and WhatsApp remained without a response.

6. The shelter was set up by the City of Cape Town as part of the response to the COVID-19 pandemic.

7. South African Police started to bring individuals to Strandfontein Temporary Shelter for the Homeless on Sunday 5 April 2020.

8. According to camp manager Mr. Vivian Henry there are no specific entry criteria for admission to the shelter. Exclusion criteria are non-South African nationality and age below 18 years. However earlier reports as well as direct observation confirmed some of the residents are younger than 18 years and some are not South African citizens.

9. According to camp management and service providers, residents are not held against their will. However, according to residents they are not allowed to leave, whilst many would like to do so. The camp, as well as every individual large tent, is fenced, and entrance/exit is controlled by security guards. Residents are not allowed to leave the fenced area around their tent. Numerous police cars were present on-site as well as an armored vehicle.

CHAPTER 3 INFRASTRUCTURES & NUMBER OF RESIDENTS

1. The total number of residents in the shelter varies from 1495 reported by the camp manager, 1561 reported by Service Providers, to 1761 reported by residents. This number changes regularly. For example, during our visit we witnessed the escape of 3 residents and the removal of a group of minors. Residents report escapes are frequent.

2. The shelter is constituted of 8 large tents, managed by three NPO Service Providers: The Haven, Ubuntu Circle of Courage, and Oasis. More tents were in the process of being set up, suggesting expansion plans for the shelter. Tent 1 (The Haven) has the highest number of residents, between 600 and 720, and Tent 7A has the smallest number of residents, 48.

   2.1. Tent 1, managed by The Haven:

      2.1.1. According to staff: 600 residents: approximately 500 men and 100 women
      2.1.2. According to residents: 720 residents

   2.2. Tent 2, managed by Ubuntu Circle of Courage:

      2.2.1. According to staff: 200 residents: 150 men and 50 women

   2.3. Tent 3, managed by Oasis:

      2.3.1. According to camp manager: 470 residents
      2.3.2. According to residents: 550 residents

   2.4. Tent 5, managed by Ubuntu Circle of Courage:

      2.4.1. No staff was present on-site
      2.4.2. According to residents: 170 residents

   2.5. Tent 6A, managed by Ubuntu:

      2.5.1. No staff present on-site
      2.5.2. According to residents: 73 residents

   2.6. Tent 6B & 7B: empty

   2.7. Tent 7A, managed by Ubuntu:

      2.7.1. No staff present on-site
      2.7.2. According to residents: 48 residents

3. All tents are fenced and there are security guards controlling access. The entire compound is also fenced.

4. Tent 1 contains multiple smaller tents, although largely insufficient for the entire population of the tent. There are also a number of smaller tents at the back of the large tent. There are no smaller tents in all the other compounds.

5. There are no mattresses and residents sleep on a hard floor.

6. Residents received 2 blankets but complain of cold at night.

7. There is no social distancing and residents were often seen less than 1 meter of each other during the day and whilst queuing for food. Residents are also sleeping at less than 1 m from each other, in one large tent containing up to 500 people.

CHAPTER 4 HEALTH

LIMITED ACCES TO HEALTH CARE AND EMERGENCY CARE

1. Health care is provided in a medical compound by City Health with support from SHAWCO, from 8:00 to 16:00.

2. There is no medical staff onsite from 16:00 to 8:00.

3. There is no medical staff in the tents. People in the tents requiring medical care have to contact service provider staff during the day to request to be accompanied to the medical compound. Residents reported that this process can take a long time and their requests are not always met.

4. Several residents complained that they could not access medical care at all. At night, residents in need of medical care need to contact security guards who control the gates of the compounds, and convince them to contact camp management to call for an ambulance. This process can take several hours.

5. During my visit I had to ask service provider staff to call an ambulance for two men in the Haven tent (Tent #1), as there was no medical staff present anymore from 15:30 onwards. I did not see an ambulance arriving within the 2 hours I remained on site after having asked for one.

   5.1. The first case was a 68 year old man, with an indwelling urinary catheter, who was complaining of severe shortness of breath. On examination he had a respiratory rate of 36 per minute, a sign of severe respiratory distress requiring emergency medical care. He reported to be asthmatic but not to have been able to access inhalers for the treatment of his asthma. He had a referral letter from a recent admission to New Somerset Hospital stating that he had bladder obstruction secondary to prostate enlargement requiring a urinary catheter, as well as chronic obstructive pulmonary disease (COPD), a known risk factor for complications and mortality from COVID-19. His respiratory symptoms could have been caused by an aggravation of his COPD, a bacterial infection, tuberculosis or viral infections such as COVID-19. The fact that he was left unattended in close proximity to other residents in the tent highlights both the risk of transmission of COVID-19 in this setting and the fact that people with increased vulnerability to COVID-19 are at increased exposure.

   5.2. The second case was a young man injured during a fight that occurred during our visit. He sustained severe trauma to the head and face. Neither law enforcement nor security guards intervened to interrupt the fight. I had to examine the man and tell service provider staff to call an ambulance. This too occurred in The Haven tent #1.

   5.3. Large congregations of men in confined spaces are conducive to violence, especially in the absence of any significant safety intervention.

ABSENCE OF HEALTH MONITORING

6. There is no medical staff in the tents.

7. Residents are only screened at entry; there is no ongoing screening for symptoms and signs of covid-19 and/or other diseases in the tents.

8. Several residents observed had signs and symptoms of respiratory diseases including cough, shortness of breath, and myalgia.

9. Several residents observed required medical care but were not receiving it. This includes the cases described above.

THE SCREENING PROCESS DOESN'T ELIMINATE THE RISK OF TB OR COVID-19

10. Given that City Health staff refused to provide any information on health care at the site, our understanding of screening processes derives from interviews with the camp manager, service provider staff, and residents.

11. Residents are reported to be screened at entry through a basic questionnaire including questions on cough, shortness of breath, fever, contact with a COVID-19 case, and travel to areas of high transmission.

12. Only individuals who answer positively the questionnaire on clinical signs and epidemiological risk factors (as above) are tested for COVID-19.

13. COVID-19 can be transmitted before individuals become symptomatic, and that a proportion of patients with COVID-19 remain without symptoms, even if they can transmit.

14. In addition, the sensitivity of a single PCR test for COVID-19 of a nasopharyngeal swab is estimated to be around 70%[2,3]. This means that 30% of people with COVID-19 will have a negative test.

15. In addition, there is no systematic screening of personnel working in the shelter, who can also acquire and transmit COVID-19.

16. Therefore we can conclude that the screening process doesn't eliminate the risk of individuals with COVID-19 entering the shelter.

INTERRUPTION OF CHRONIC MEDICATION

17. Several residents complained that their chronic medication had been interrupted and that they could not access this at the clinic.

18. Several people claimed they did not receive their antiretroviral treatment, inhalers for asthma, anti-epileptic medication (such as Epilim), antipsychotic drugs (such as clopixol and chlorpromazine), and medication for diabetes (such as insulin).

19. Some residents reported that they had received chronic medication after several days of pleading with the service provider staff to be brought to the clinic tent.

INSUFFICIENT TREATMENT OF DRUG WITHDRAWAL SYMPTOMS

20. Several residents complained of symptoms caused by acute withdrawal of heroin and other drugs. Some said they were only given paracetamol. The staff of SHAWCO reported that indeed access to medication to treat opiate withdrawal was poor, and that they were trying to ensure access to diazepam, tramadol, methadone and suboxone, but had not been able to ensure that these medications were present on site.

INADEQUATE INFECTION PREVENTION AND CONTROL[4]

21. Insufficient infection prevention and control measures put residents at risk of airborne, orofecally, and sexually transmitted infections

22. Social distancing was inadequate in all the tents, with residents laying, sitting or standing close to each other, with definitely less than 1 meter between them. In the Haven tent there

are over 600 people in the compound, and although this compound contained a number of individual tents either inside or outside the large marquise tent, the number was vastly insufficient to ensure physical distancing of all the residents. The other tents did not have smaller tents.

23. Ventilation was insufficient in all the tents, increasing the risk of transmission of airborne diseases such as tuberculosis and covid-19. The tents were closed; did not have windows, fans, or any other means to increase ventilation. Several residents were smoking in the tent.

24. There was no soap at any of the handwashing points in any of the compounds. None of the people leaving toilets observed did wash their hands with soap afterwards.

25. Residents reported to have received one small bar of soap but reported this was insufficient for the week to shower, wash hands, and wash their clothes.

26. Several of the toilets observed were severely soiled.

27. There were no condoms in any of the tents.

28. Most residents were not wearing facecloths or masks. A very small number were wearing self-made cloth masks.

29. Some service provider staff were wearing personal protective equipment (PPE), including facial masks. Others weren't wearing any PPE or masks. None were wearing N95 respirators.

ABSENCE OF HEALTH PROMOTION

30. There were no health promotion materials or staff in any of the tents.

31. When interviewed, many residents had limited understanding of basic prevention measures for infectious diseases including covid-19.

PRESENCE OF INDIVIDUALS WITH INCREASED VULNERABILITY TO COVID-19 AND OTHER ADVERSE HEALTH OUTCOMES

32. Several residents were extremely vulnerable and had chronic conditions increasing their risk of severity and death related to COVID-19: at least 4 people in wheelchairs; several elderly people, at least one with severely altered mental state (disoriented in time and space, and unable to care for himself); several people with HIV; 2 individuals with indwelling urinary catheters; several people with severe mental health diseases (such as schizophrenia and dementia); people with urinary and fecal incontinence; several people with chronic respiratory conditions (including asthma and chronic obstructive pulmonary disease); several people with hypertension.

33. Numerous residents were part of populations at high risk for HIV: sex workers, transgender women, young men and women.

34. There was no separation between men and women in any of the tents.

35. Several residents reported to be HIV-positive, a known risk factor for tuberculosis and a potential risk factor for COVID-19.

CHAPTER 5 INTERNATIONAL HUMANITARIAN STANDARDS[1,5]

1. Violations of the first humanitarian protection principle *''Enhance the safety, dignity and rights of people, and avoid exposing them to further harm*'':

   1.1. Large numbers of individuals are grouped together (up to 600 in one tent), with insufficient infection prevention and control measures, and insufficient health promotion, therefore increasing their risk to airborne diseases such as tuberculosis and covid-19, diseases transmitted orofecally such as viral and bacterial diarrhea, and sexually transmitted infections such as HIV, thereby exposing them to harm.

   1.2. A number of residents reported that their treatment for chronic diseases had been interrupted, such as antiretroviral treatment for HIV, antipsychotics, antiepileptic medication, or medication for asthma, which can lead to drug resistance, recurrence and aggravation of disease. During my visit, residents called me to attend to a man with respiratory distress which required urgent medical treatment. There was no medical staff on-site and we had to tell service provider staff to call an ambulance.

   1.3. A number of residents reported to be intravenous drug users and experiencing withdrawal symptoms as a consequence of the removal from their environment, without being given adequate treatment.

   1.4. In several tents visited after 16:00 there was no staff at all, with the exception of security guards at the gates, thereby compromising the safety of this highly vulnerable population.

   1.5. In one of the tents a violent fight erupted between residents. Neither security guards nor law enforcement intervened to ensure safety. The fight resulted in one man suffering severe trauma to the face and head, requiring urgent referral to emergency services. Large congregations of men in confined spaces increase the risk of violence. No adequate security was in place to prevent or calm violence, and to enhance the safety of the residents.

2. Violations of the second humanitarian protection principle "*Access to impartial assistance according to need and without discrimination.''* were observed:

   2.1. Several residents with physical and/or mental disabilities, including some with severely altered mental state, were left without any assistance.

   2.2. Two residents with indwelling urinary catheters were left unattended. One of them had blood in the urine bag, was severely ill and needed to be referred by ambulance to emergency services.

   2.3. Some residents reported differential treatment according to racial group, with preferential treatment for white and coloured residents.

3. Violations of Hygiene Promotion standard 1.1: Hygiene promotion. ''*People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them'':*

   3.1. We found no evidence of any health and/or hygiene promotion in the shelter; there were no materials and no health promotion staff.

   3.2. Several communal toilets were extremely soiled.

   3.3. None of the residents observed washed their hands with soap on leaving communal toilets.

4. Areas where Hygiene Promotion standard 1.1 was met:

    4.1. Clean water was available in all the compounds, from taps and warm showers.

    4.2. Portable communal toilets were present in all the compounds.

    4.3. No human or animal faeces were observed in any of the compounds.

5. Violations of Hygiene promotion standard 1.2: Identification, access to and use of hygiene items

    5.1. There was no soap at any of the handwashing stations in any of the compounds

    5.2. Residents reported to have received a small bar of soap, insufficient to cover their needs of handwashing, bathing and washing clothes

6. Water supply standard 2.1: Access and water quality. This standard was met.

    6.1. Residents have access to running water in sufficient quantities

    6.2. There was more than one tap for every 250 people

    6.3. There was no queuing at water sources

7. Excreta management standard 3.1: Environment free from human excreta. This standard was met.

8. Excreta management standard 3.2: Access to and use of toilets.

    8.1. The standard ratio of minimum 1 shared toilet per 20 people was not met in Tent 3.

        8.1.1. Tent 1 has 31 toilets for 600 residents: 1 per 20. Standard met.
        8.1.2. Tent 2 has 10 toilets for 200 residents: 1 per 20. Standard met.
        8.1.3. Tent 3 has 14 toilets for 550 residents: 1 per 39 residents. Standard not met.
        8.1.4. Tent 5 has 8 toilets for 170 residents: 1 per 20 residents. Standard met.
        8.1.5. Tent 6A and 7A had more than 1 toilet per 20 residents.

    8.2. Distance between tents and shared toilets was over 50 m in tent 5 (substandard), and below 50 m in other tents.

    8.3. All toilets had internal locks and lighting was adequate.

    8.4. Toilets in tent 1 were not reported as safe by women, as all toilets were shared between men and women.

9. Violation of Shelter and settlement standard 1: planning. Shelter and settlement interventions are well planned and coordinated to contribute to the safety and well-being of affected people and promote recovery.

    9.1. The shelter plan has not been agreed with the target population. Most residents interviewed had only received basic information on their rights, the purpose and duration of their stay in the shelter.

    9.2. The shelter plan does not provide for the essential needs of the population in terms of safety and health. More details of the assessment of health are provided in chapter 3.

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